

# Health Department, City of Baltimore.

Permit No. A

511

Office of Registrar of Vital Statistics.

Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

June 20<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Ann Kate Fleckenstein

Sex, Male or Female, { Cross out the word not required in this line. }

female

Age,

Years,

4 Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baltimore City

Birth Place, { State or country, and how long in the United States, (if of foreign birth. ) }

Duration of Residence in the City of Baltimore,

since born

Place of Death, { Give Street and Number. }

24 S. Castle St

Cause of Death, { First (Primary), Second (Immediate), }

Cholera Infantum

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, June 21<sup>st</sup> 1887

{ Undertaker, G. T. Hanan

P. J. Dauell, M. D.  
Medical Attendant.

{ Place of Business, Frank &amp; Wolfson Address, 1727 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

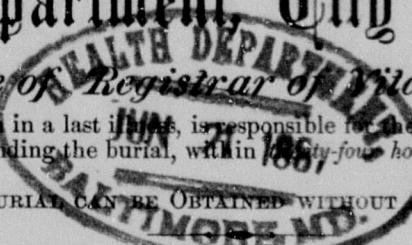
[OVER.]

# Health Department, City of Baltimore.

Permit No. A 512 Office of Registrar of Vital Statistics. Ward 1/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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B

## CERTIFICATE OF DEATH.

Date of Death, June 20th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Scott.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 2 Months, 20 Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, From birth

Place of Death, { Give Street and Number. } 118 S. Maderia Alley

Cause of Death, { First (Primary), Marasmus. Second (Immediate), Exhaustion }

Duration of Last Sickness, a week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery.

Date of Burial, June 21<sup>st</sup> 1887

{ Undertaker, G. Haney

{ Place of Business, Bonk & Wolff, Address, 414 S. Patterson Park Ave

W.R. Way

M. D.

Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

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[OVER.]

# Health Department City of Baltimore.

Permit No. A

573

Office of Registrar of Vital Statistics.

Ward 2

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 20th. June 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Maria Juliana Heck

Sex, Male or Female, { Cross out the word not required in this line. }

Heck

Age, Years,

1 Months,

22 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baltimore City

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, { Give Street and Number. }

S. Durkheim street 429

Cause of Death, { First (Primary),  
Second (Immediate), }

Eclampsia

Duration of Last Sickness,

12 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cemetery

Date of Burial, June 21st 1887

William Heuck

M. D.

{ Undertaker, G. Fransc

Medical Attendant.

{ Place of Business, Bank &amp; Wolfe Address, S. Wolfert St. 348.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[over.]

# Health Department, City of Baltimore.

Permit No. A. 574

Office of Registrar of Vital Statistics.

Ward 8<sup>th</sup>

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~two~~<sup>one</sup> four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

June 19th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents.

Jane Mc Evarie

Sex, Male or Female, { Cross out the word not required in this line.

female

Age, 45

Years,

Months,

Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Married

Occupation,

Ireland

Birth Place, { State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore,

20 years

Place of Death, { Give Street and Number.

1619 Aisquith St

Cause of Death, { First (Primary),  
Second (Immediate),

Cancer of Uterus

Duration of Last Sickness,

About 2 yrs.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 22d

M.B. Billingslea

M.D.

Medical Attendant.

Undertaker, H. C. Wiedfeld

Place of Business, 916 Greenwich Address, 1206 E. Preston

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

# Health Department, City of Baltimore.

Permit No. A 375

Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 20<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Blanquet

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 45 Years, 6 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Cigar maker

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 6 years

Place of Death, { Give Street and Number. } 1022 Hollins St

Cause of Death, { First (Primary), Tuberculosis  
Second (Immediate), }

Duration of Last Sickness, 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 22<sup>nd</sup> 1887

{ Undertaker, Jas B Cook }

{ Place of Business, 1003 W Baltimore } Address, 610 N Sharp St

JPM Lombard M. D.

Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

# Health Department, City of Baltimore.

Permit No. A 576

Office of Registrar of Vital Statistics.

Ward

12"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 21<sup>st</sup> 1887-

Frank Wise

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, 3 Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifeline

Place of Death, { Give Street and Number. } St. Vincent's Inf. Clesylum -

Nearassimus

Cause of Death, { First (Primary), Ex -

Second (Immediate),

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, New Calvary

Date of Burial, June 23 1887

J. J. Flannery

M. D.

Medical Attendant.

{ Undertaker, John Bansard }

{ Place of Business, Division St. }

Address, 1701 Dr. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department City of Baltimore.

Permit No. A 517

Office of Registrar of Vital Statistics.

Ward 7<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

June 21<sup>st</sup> 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ludovicus Hoadley

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

Months,

Days

White

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give Street and Number. }

911 W. Broad st.

Cause of Death, { First (Primary),  
Second (Immediate), }

Cholera Infestation  
Exhaustion

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 22. / 87.

{ Undertaker, Frank. Crach.

{ Place of Business, 827 N. Durham

Chas. B. Fugler M. D.

Medical Attendant.

Address, 910 W. Broad st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to list of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 5181 Office of Registrar of Vital Statistics. Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

Date of Death, June 21<sup>st</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ida Klemm

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 9 Months, 9 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Life ✓

Place of Death, { Give Street and Number. } 1927 Lombard St.

Cause of Death, { First (Primary), Diphtheria  
Second (Immediate), Septicaemia

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 22/87 H. H. Hebner M. D.

Undertaker, J. B. Cook Medical Attendant.

Place of Business, 1003 W. Baltimore Address, 814 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this certificate.

# Health Department City of Baltimore.

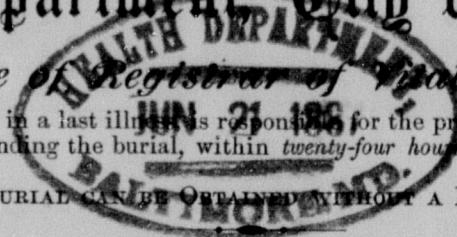
Permit No. A 519

Office of Registrar of Vital Statistics.

Ward 17

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death,

June 21<sup>st</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Wm Kleinhenn

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 25 Years, 3 Months, 17 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Machinist

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

17 Heyler St.

Cause of Death, { First (Primary), Second (Immediate), }

Phthisis Pulmonalis

Duration of Last Sickness,

About 1 yr.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, June 23

{ Undertaker, B. J. Garey }

Robert S. Rose M. D.

Medical Attendant.

{ Place of Business, 115 West St. }

Address, 1019 Lighs St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

# Health Department, City of Baltimore.

Permit No.

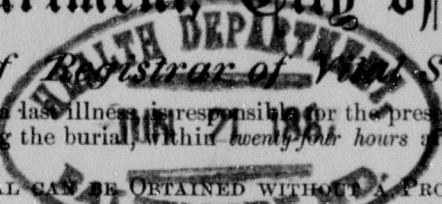
A 520

Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in his illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death,

June 21 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

William F. Cox

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 11 Months, 29 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baltimore 2d

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

During life

Duration of Residence in the City of Baltimore,

2037 Hanover

Place of Death, { Give Street and Number. }

Cholera &amp; infantum

Cause of Death, { First (Primary),

8 days

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, June 23, 1887

{ Undertaker, Bernard Harle }

{ Place of Business, 115 West St. }

Oct. Cooke M. D.

Medical Attendant.

Address,

104 Fort St.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

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[OVER.]